

made, using tap water and *B. coli*; hard water and feces suspension; hard water and 10 per cent. city sewage; tap water and 5 per cent. city sewage; hard water and *B. coli*. The "halazone" was in varying degrees of concentration, as 1 to 250,000, 1 to 500,000, 1 to 1,000,000. The ordinary routine was to take 5 to 10 drops of the treated water, place on agar to count surviving organisms, and use suitable controls. The experiments appeared to show that in a concentration of 1 to 300,000 an ordinarily heavily contaminated water was sterilized in thirty minutes. This concentration could be relied on to remove coli, typhoid, or cholera organisms. A convenient formula for tablets weighing 100 to 105 mg. is: sulphon dichloraminobenzoic acid, 4 per cent.; sodium carbonate, 4 per cent. (or dried borax 8 per cent.); pure sodium chloride, 92 per cent. Grind the acid with dry salt and then add the sodium carbonate. Pass mixture through a 40-mesh sieve. No lubricant or other addition is necessary. Tablets must be stored in small amber-colored bottles. One tablet prepared as above sterilizes 1 liter of moderately contaminated water. If contamination is excessive, use two tablets to 1 liter or quart. Sufficient time has not yet elapsed for final reports on the stability of the tablets, but under ordinary conditions no decomposition was noted after two months. Bright sunlight acting on tablets in clear glass bottles did cause decomposition. The estimated cost in England of disinfecting water by the use of "halazone" is 2 cents per 100 gallons of water. M. J. R.

**Note on the Prevention of Pediculosis.**—GUNN (*British Med. Jour.*, June 5, 1917, lxxviii, No. 22, 1596) gives very favorable reports on the use of thin undershirts made of muslin (so cheap that the original intention was to throw them away after using once) soaked in the following solution: naphthalene and sulphur, each, 1½ ounces; benzol or gasoline, 1 gallon. No inconvenience results from the use of undergarments so treated. The effect on pediculi is not immediate. The writer quotes from a letter from France in which it was stated that 200 dead pediculi were counted on a shirt that had been treated with the above solution. The solution has been applied under a plaster cast without irritation to the skin.

M. J. R.

**Vincent's Angina.**—CAMPBELL and DYAS (*Jour. Am. Med. Assn.*, June 2, 1917, lxxviii, No. 22, 1596) state that Vincent's angina was formerly comparatively rare. It seems to have first become prevalent in France, where it was known as trench mouth. Now it is so prevalent that it may be classed as among the commonest of disabilities among the troops. Usually the condition is not such as to confine the patient to bed, but the depression and inability to masticate properly cause a serious lowering in efficiency. Vincent's angina is an infectious disease of the mucous membrane of the mouth, throat, bronchi, and prepuce. By far the most frequent site of infection is the mouth and throat. Next in frequency are the bronchial cases. The preputial cases are rare. The largest percentage of cases are of the tonsillar type. Characteristic symptoms of this type are a yellowish-gray membrane, fetid breath, some pain on swallowing, and enlarged and tender cervical lymph glands. Absence of headache, myalgia, and marked prostration distinguish it from diphtheria and acute tonsillitis.

There is sometimes a slight febrile reaction, which is often absent. The pulse and respiration are but slightly elevated. The next most frequent type is a deep ulcer on the ramus of the lower jaw behind the last molar tooth. In untreated cases, infection spreads along the margin of the gums, causing pyorrhea. Pyorrhea caused by Vincent's organisms is also frequent. In an otherwise healthy mouth it is at first limited to the region of the incisors. General infection of the mouth is the severest type of all, and the patient is acutely ill. The membrane extends over the cheeks, tongue, fauces, pharynx, and palate and even to the lips. Deep ulcers may also develop. The authors found a few Vincent's organisms in about 50 per cent. of all swabs taken by them from the throats of troops at Bramshott. In early cases the bacilli are usually more numerous than the spirochetes, but in more advanced cases the spirochetes are usually the predominant organisms. The organisms are best stained with carbol-gentian violet. Both spirochetes and bacilli are usually Gram-negative. The organisms can be grown anaerobically in ascitic broth containing a piece of tissue. The incubation period of the disease is unknown. Diphtheria and Vincent's angina may coexist. The combination is rare, but patients with Vincent's angina when in contact with a Klebs-Loëller bacillus carrier may readily become infected. Patients giving a syphilitic history, especially when undergoing mercurial treatment, favor the development of Vincent's angina. Some of the severest cases are found in syphilitics. A healing ulcer about the mouth and throat closely resembles a syphilitic mucous patch. Treatment consists in local applications of arsenic, iodine, silver nitrate, trichloroacetic acid, hydrogen peroxide, tincture of ferric chloride, or potassium permanganate. In slight lesions any of these will bring about a cure. Arsenic, however, especially in the form of salvarsan, is undoubtedly the most useful remedy. The authors found that local applications of liquor arsenicalis (Fowler's solution) swabbed on three or four times a day was most effective.

M. J. R.

**Permanent Interallied Commission for the Purpose of Examining Questions of Interest to War Cripples.**—The minutes have come to hand from the Surgeon-General's office, through Major E. G. Brackett, of the first two meetings of the Permanent Interallied Commission for the purpose of examining questions of interest to war cripples. An outgrowth of the Interallied Commission for Professional Reëducation of War Cripples, and formed as a result of the suggestion of the earlier body this permanent commission, has announced the following outline of its purposes: (1) To second by all means in its power the efforts of the national institutions, public or private, to improve the situation of the cripples of war. (2) To collect and keep up to date the most complete information possible in regard to all problems interesting to these cripples. (3) To publish an interallied periodical bulletin. This publication, *Les Mutilés de la Guerre*, is to appear monthly or bimonthly, and is also to be solely devoted to the same interest. It is to be under the management of a committee which will include a specialist for each of the principal groups of questions to be dealt with in accordance with the program of the Assembly, viz.: Functional reëducation; prosthesis and orthopedy; professional reëducation; blind,